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TO:

Name: Examiner Escalante
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Fax No.: 703-872-9314
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Subject: Serial No. 10/047,684

FROM:

Name: John E. Harrity
Phone No.: (571) 432-0800
Fax # Verified by:
Pages (incl. this): 11
Date: November 21, 2003

Message:

Please see attached Amendment/Reply Transmittal and Request for Reconsideration.

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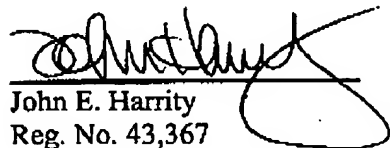
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Patent

Attorney's Docket No. WMA-99-011D1

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John E. Harrity
Reg. No. 43,367

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	Mail Stop Non-Fee Amendment
Deborah H. MILLER et al.)	Group Art Unit: 2645
Application No.: 10/047,684)	Examiner: O. Escalante
Filed: January 16, 2002)	
For: METHOD AND APPARATUS FOR)	
DIALED NUMBER)	
VERIFICATION)	

AMENDMENT/REPLY TRANSMITTAL LETTER

U.S. Patent and Trademark Office
2011 South Clark Place
Customer Window, Mail Stop Non-Fee Amendment
Crystal Plaza Two, Lobby, Room 1B03
Arlington, Virginia 22202

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 ☐ \$110.00 to cover the requisite Government fee are also enclosed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 ☐ \$770.00 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted insert paper, on insert date, for which continued examination is requested.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter
Application Serial No. 10/047,684
Attorney's Docket No. WMA-99-011D1
Page 2

- ☒ No additional claim fee is required.
☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		Minus		x \$18.00 =	
Ind. Claims		Minus		x \$ 86.00 =	
If Amendment adds multiple dependent claims, add \$290.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

- ☐ A claim fee in the amount of \$ _____ is enclosed.
☐ Charge \$ _____ to Deposit Account no. 13-2491.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 13-2491 and please credit any excess fees to such deposit account.

Amendment/Reply Transmittal Letter
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The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 13-2491.

Respectfully submitted,

HARRITY & SNYDER, L.L.P.

By: 

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Date: November 21, 2003